

Planning and Goals Conference in Continuing Medical Education

Workshop Recommendations

Including Modifications Recommended by the Entire Conference and by the Scientific Board at Its Meeting, 1 April 1967

■ *Following are recommendations drawn up by workshops held as a part of the Planning and Goals Conference in Continuing Medical Education, sponsored by the California Medical Association and directed by its Committee on Continuing Medical Education, San Diego, 11 to 12 March 1967. The general subject was divided among four workshops and the reports of two of them—No. 1, (a) and (b), and No. 2—were printed in the August issue of CALIFORNIA MEDICINE. The Reports herewith are those of the other two workshops.*

The conference was supported in part by Contract No. PH 108-67-158, Bureau of Health Manpower, Public Health Service, Department of Health, Education and Welfare.

Motivation

Report of Workshop 3

Discussion Leader—John B. Dillon, M.D.

Secretary—Robert Combs, M.D.

Panelists—Joseph Boyle, M.D., and
Saul Robinson, M.D.

CONFERENCE WORKSHOP #3 was charged to study the problem of motivation and make specific recommendations. The workshop seemed to be of interest, was well attended, kept its group involved, intense and frequently heated discussion.

The group considered whether motivation for continuing education was in fact needed. There was no factual data available as to the total number of California physicians not engaged in continuing educational effort and it was hoped that ongoing studies by CMA's Committee on Continuing Medical Education in cooperation with the California Medical Education and Research Foundation would have information in the near future. It was agreed that although the problem could not be quantitated that it did exist and probably was of sufficient magnitude to justify serious study and remedial effort.

The group agreed that continuing educational effort is essential for all practicing physicians and considerable discussion took place suggesting reasons why physicians might not actively engage in such effort. It was recognized that there are probably numbers of physicians who engage in educational activities in private, that is read and study extensively but do not partake of or engage in any organized group study or attend meetings, seminars or professional societies.

The present image of the physician was discussed particularly in reference to the "Millis Report" and present social legislation. It was generally agreed that as medical facilities were being looked at as to quality, it was only a matter of time until the quality of professional care would be looked at in the same way. There have been suggestions along this line already by Doctor James, former New York Commissioner of Health.

An extensive discussion developed around the topic of mechanisms to demonstrate evidence of continued educational effort and an acceptable level of continued competence. It was agreed that the medical profession itself should set standards

and avoid, in so far as possible, any intervention of government at any level. It was recognized that such evidence of continued education would be in the physician's area of special interest. The format of the Academy of General Practice was discussed and the group was advised that a similar format was being considered for the developing specialty of the "Primary Physician."

It was generally agreed that logistics precluded re-examination not only by a State Board but by specialty groups. The number of physicians involved would be so great as to make such procedures impractical.

It was agreed after consideration discussion that some objective evidence of continuing education is desirable as like Caesar's wife "One must appear to be above reproach." It was further agreed that each specialty group would probably be in the best position to determine the requirements for continuing approval. There was discussion and general agreement that the CMA should encourage various groups to study the problems of continuing education as it pertained to them. No specific recommendations were suggested as the methods would be perhaps as numerous as the numbers of specialties involved.

There was heated and prolonged discussion on the implications of the word motivation. Several believed that there should be compulsory requirements with definite penalties for failure to comply. The majority believed that any requirements should be voluntary, that is, failure to show evidence of continued medical education would not result in cancellation of licensure but would result in the physician not having whatever evidence of continued educational effort it was decided ultimately would be appropriate. It was believed that those physicians who did not comply would not receive a certificate, for example, which would exert sufficient moral persuasion to, in time, produce the desired results.

It was agreed that if such an educational effort were fostered by the CMA officially that this would indeed show evidence of the interest by "medicine" in maintaining standards over training and keeping its educational house in order.

On the basis of the above discussion the group as a whole formulated the following resolutions for consideration by the Scientific Board with the idea of possible referral to the House of Delegates of the CMA after proper channeling.

The Workshop recommended:

1. That the CMA Council institute a study of certification and recertification of physicians at suitable intervals, as a means of encouraging all California physicians to continue their medical education, and

2. That there be investigated means whereby the teaching community be more closely integrated with the physician community as a whole, and

It was further recommended:

3. That an ongoing research project in continuing education be directed to study the reasons for the apparent lack of participation by certain segments of California physicians in formal post-graduate education.

The group appreciated the counsel of Doctor Edward Shaw, former Chairman of the Scientific Board.

Personnel of Workshop 3

Discussion Leader—John B. Dillon, M.D., Los Angeles, Member, CMA Committee on Continuing Medical Education; Professor of Surgery/Anesthesiology and Assistant Dean, University of California, Los Angeles, School of Medicine.

Secretary—Robert Combs, M.D., San Francisco, President, Board of Medical Examiners, State of California.

Participants:

Leland B. Blanchard, M.D., San Jose, Member, CMA Scientific Board

Joseph F. Boyle, M.D., Los Angeles, CMA Councilor; President, Los Angeles County Medical Association; Associate Clinical Professor of Medicine, University of Southern California School of Medicine

Arthur A. Clinco, M.D., Los Angeles, Member, CMA Scientific Board; Associate Professor of Psychiatry, University of California, Los Angeles, School of Medicine

W. Philip Corr, M.D., Riverside, Governor, Southern California Region, American College of Physicians

Roberta Fenlon, M.D., San Francisco, CMA Councilor; Member, CMA Commission on Communications

Charles E. Grayson, M.D., Sacramento, Member, CMA Committee on Continuing Medical Education

Lester T. Hibbard, M.D., Los Angeles, Chairman, CMA Section on Obstetrics and Gynecology

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Richard Opfell, M.D., Santa Ana, Co-Chairman, Orange County Medical Association Continuing Medical Education Committee

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Edward Shanbrom, M.D., Santa Ana, District Repre-

sentative to the CMA Committee on Continuing Medical Education

Edward B. Shaw, M.D., San Francisco, Member and Former Chairman, CMA Scientific Board; Formerly Professor and Chairman, Department of Pediatrics, University of California, San Francisco, School of Medicine

Wilfred Snodgrass, M.D., San Francisco, Chairman, Education Committee, California Academy of General Practice

Henry Zevely, M.D., San Luis Obispo, Chairman, Postgraduate Activities Committee, San Luis Obispo County Medical Society

Accreditation or Approval of Courses or Programs in Continuing Medical Education

Report of Workshop 4

Discussion Leader—Arthur Selzer, M.D.

Secretary—Charles J. Tupper, M.D.

Panelists—Donald Brayton, M.D., and
Robert S. Quinn, M.D.

THE CHARGE to the workshop was a review of the need for a program of accreditation of postgraduate courses and a recommendation as to the initiation of such a program if the need for it was established.

The meeting was opened by introducing two representatives of the AMA's new Department of Continuing Medical Education. The director of this department, Doctor William Ruhe, was unable to attend our meeting because of a conflicting committee meeting in Chicago. Representing him were Doctor William Sullivan and Doctor Glen Shepherd. Doctor Shepherd reviewed the history of the AMA's efforts to develop a regulatory program for continuing medical education. Several years of study culminated in a plan to accredit institutional programs, rather than individual courses. This plan was tested by a series of site visits to some postgraduate institutions in 1963 and 1964, but was then temporarily dropped. In February 1967 the AMA officially committed itself to the accreditation program and decided that the format proposed in 1964 should be adopted.

The group discussed the problem of accreditation as applied specifically to California. It was felt that the chaotic situation that exists in the field of postgraduate courses would be greatly improved if a regulatory mechanism were introduced. It was the unanimous feeling of the group that a program of certification or accreditation of postgraduate activities is very desirable for California and the

CMA is the logical organization to take the lead in instituting such a program. It was also agreed that accreditation of individual courses is totally impractical and the AMA plan of accrediting institutions which offer such programs is the best approach to this problem. The criteria of excellence for such an accreditation program were briefly discussed and it was felt that the AMA has done an admirable job in establishing such criteria, summarized in its publication, "Guide Regarding Objectives and Basic Principles of Continuing Medical Education," and that the AMA criteria should be officially adopted for California.

In the discussion the question was brought out as to whether a state accreditation program would create duplication of the existing AMA program. It was the feeling of the group, as well as of the AMA representative, that this would not be the case if a proper liaison were arranged between the respective committees of the two organizations. It was thought likely that the AMA—facing a huge task of national accreditation—might rely heavily on the work of the California committee.

A detailed discussion of the proposal by Doctor Brayton to designate a group of institutions which would be automatically accredited under a "grandfather clause" revealed a wide divergence of opinion. The final consensus, including that of Doctor Brayton, was that there should be no automatic accreditation of any institution in the state.

The workshop then addressed itself to the need to start with a review committee and suggested that the review committee be protected from political domination. A formal action was taken to recommend to the CMA Council to charge the Scientific Board with the responsibility to appoint a committee, "Committee on Accreditation of Programs in Continuing Medical Education," which should be responsible to the Scientific Board. A good deal of discussion dealt with the composition of the committee. It was agreed that this workshop should provide general guidelines for the composition of the committee, but should not recommend a specific number of members, leaving this to the Scientific Board. It was felt that the liaison with the AMA is of considerable importance and some mechanism should be explored to have overlapping membership of the respective AMA and CMA committees dealing with continuing medical education accreditation. Inasmuch as many of the voluntary health agencies are engaged in the organization and support of postgraduate courses, the advisability of their representation on

the committee was discussed, but the consensus was that a liaison with such agencies be established rather than to recommend an obligatory representation on the committee.

In the discussion it was emphasized that the committee should have a broad base and wide representation as a prerequisite of its effective operation. The final recommendation of the group was to invite nominations to the committee from the following: (1) The medical schools, (2) the California Hospital Association—as a means to represent hospital directors of medical education, (3) the State Health Department (the plenary session on March 12 changed this recommendation to read “an appropriate state agency”). A broad-based committee drawn from the membership of the CMA should include representation from the California Academy of General Practice and the various specialty groups.

The discussion further stressed the need for providing continuity on the committee. It was also felt that the committee should include physicians who would be “consumers” of continuing medical education as well as those whose responsibility is to organize the courses.

The discussion briefly touched upon the problem of evaluation of postgraduate teaching—a subject taken up by another workshop. The opinion was expressed that accreditation and evaluation are part and parcel of one another, especially since certification is visualized as a repetitive and continuous process.

In summary, the workshop recommends:

1. Accreditation is desirable.
2. Acceptance and endorsement of the AMA “Guide” as a statement of basic principles.
3. Formation of a California Committee on Accreditation Programs in Continuing Medical Education.
4. Organization of the committee under CMA’s Scientific Board, the committee to be chaired by a member of the Scientific Board.
5. Representation from:
 - a. Medical Schools.
 - b. The California Hospital Association—as a means to represent hospital directors of medical education.
 - c. An appropriate State agency.
6. Appointment of CMA members as physicians at large, including the representatives of the California Academy of General Practice and some

of the various specialty groups, including Public Health.

The committee further recommends that active liaison with the AMA and with the voluntary health agencies be encouraged.

Personnel of Workshop 4

Discussion Leader—Arthur Selzer, M.D., San Francisco, Chairman, Education Committee, Presbyterian Medical Center.

Secretary—Charles J. Tupper, M.D., Davis, Dean, University of California, Davis, School of Medicine.

Participants:

Ralph Bennett, M.D., Inglewood

Warren L. Bostick, M.D., Los Angeles, Dean, University of California, California College of Medicine

Donald Brayton, M.D., Los Angeles, Associate Dean for Postgraduate Medical Education, University of California, Los Angeles, Center for the Health Sciences

Fred L. Evans, M.D., Chico, Chairman, CMA Postgraduate Circuit Course—Chico

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Glenn A. Pope, M.D., Sacramento, Member, CMA Scientific Board; Immediate Past President, California Society of Internal Medicine

Robert S. Quinn, M.D., Santa Rosa, District Representative to the CMA Committee on Continuing Medical Education

Glen Shepherd, M.D., Corona del Mar, Formerly Assistant Secretary for Continuing Medical Education, Council on Medical Education, AMA

W. Albert Sullivan, Jr., M.D., Minneapolis, Director, Continuing Medical Education, University of Minnesota School of Medicine; Member, Review Committee on Continuing Medical Education, AMA Council on Medical Education; Chairman, Committee on Continuing Education of the Association of American Medical Colleges

Raymond Tatrow, M.D., San Bernardino, District Representative to the CMA Committee on Continuing Medical Education

David A. Wood, M.D., San Francisco, Chairman, Cancer Committee, CMA Scientific Board; Chairman, AMA Continuing Professional Education Committee on Voluntary Health Agencies; Director, Cancer Research Institute, and Professor of Pathology, University of California, San Francisco, School of Medicine.